Department of Health Services & WI Indian Tribes
Consultation Implementation Plan
May 2013 - November 2013

The Wisconsin Department of Health Services (DHS) and the federally recognized Indian Tribes in Wisconsin held their semi-annual consultation meeting on May 22, 2013. This Implementation Plan is the product of the consultation meeting. The plan is a set of mutually agreeable short and long term strategies to address health and human services issues. The Department and Wisconsin Indian Tribes agree to collaborate and provide staff as required to successfully achieve these outcomes.

OFFICE OF THE SECRETARY

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
Issue 1. Enhance the effectiveness of the Tribal-DHS consultation process. Meaningful consultation requires an ongoing effort to improve the effectiveness of communication and mechanisms by which the tribes and the department can achieve consensus.			
1. Fully staff the Tribal Affairs Office.	August 2013	Gail Nahwahquaw and DHS Human Resources	Hired Patti Devine, Fiscal and Consultation Administrator and Debra Powless, Statewide Administrator
2. Create a DHS system of coordinating and tracking the progress of tribal oriented initiatives. a. The Tribal Affairs Office will develop a formal document that will identify tribal initiatives and track progress. b. Each DHS Division will appoint a tribal liaison who will be responsible for coordinating tribally-oriented activities within their respective division and with other divisions as required.	Ongoing	Tribal Affairs Office	DHS Division Tribal Liaisons meet monthly. The Office of the Inspector General (OIG) and the Division of Quality Assurance (DQA) have started attending along with Divisions of Healthcare Access and Accountability, Long Term Care, Mental Health and Substance Abuse, and Public Health.

c. The Tribal Affairs Office will facilitate regular meeting with the division's tribal liaisons in order to assure that objectives are achieved.			

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Issue 1: The cost for AODA treatment & mental health services has exceeded Counties' and Tribes' ability to fund required services (continued from previous plan).

Federal funding for mental health and AODA services has been decreasing for the past several years. The costs for these services continue to rise leaving limited funding for prevention/diversion programming. Opportunities exist for tribal governments to access federal dollars through the delivery of an array of MA reimbursable behavioral health services. The provision of these services can increase revenues and provide enhanced prevention/intervention services. Services such as Comprehensive Community Services (CCS), Targeted Case Management (TCM), Community Support Programs (CSP), 1915-I Waivers and Crisis Services are included in this category. For a number of reasons tribes have not opted to become certified providers of these services, consequently significant potential federal funding opportunities have gone untapped.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. In 2013, DHS-DMHSAS staff will continue to provide assistance to Tribal Nations on Medicaid and other mental health & substance abuse treatment programming with a special focus on expanding new opportunities for CCS and CST programs thru the Governor's Budget Initiative.	Nov 2013	DHS/DMHSAS And DHCAA	In the SFY 2014-15 Biennial Budget passed in June 2013, the Legislature approved the Governor's Budget that will provide $10.2 Million GPR to expand tribal and county regional CCS programs, and $3.75 Million in GPR to expand CST programs to add counties and tribes that currently do not receive funding.
2. DHS will establish advisory committee to advise DHS on the criteria to use in the expansion of CCS for regional programs.	November 2013	DHS/DMHSAS	An advisory committee for CCS Expansion was established in September 2013. Mari Kriescher from the Oneida Nation volunteered to be a member of the committee and

			has been included on the group. The Committee is working with DHS to advise on issues such as what criteria should be used to determine the structural, programmatic and quality requirements to be designated as a regional CCS program that would be eligible for reimbursing both federal and non-federal share of this Medicaid benefit.

LONG TERM CARE REFORM

Issue 1: Long Term Care Reform

Questions exist about how tribal members will access long-term care services for elders and individuals with physical or developmental disabilities when Family Care expands. Most tribes provide health care, personal care, and aging services to elders but often must reach outside the tribal system for specialized health care and services for individuals with development disabilities. DHS and Tribes need to examine all options available to ensure that tribal members will have access to the full range of services in the new managed care environment. The Department recognizes and respects the unique circumstances facing each of the 11 Wisconsin tribes. DHS will provide technical assistance to address these special circumstances in developing systems that meets the tribes' long term care needs.

Issue 1: Long Term Care Reform

Deliverable	Due Date	Party/ies Responsible	Status of Deliverables
1. DHS/DLTC will continue to collaborate with all tribes on long term care (LTC) services and supports for tribal members in COP/CIP waivers, Family Care, IRIS, and children's programs. Opportunities include: a. Promoting tribal provision of culturally	Ongoing	Gail Propsom, Margaret Kristan	a. DLTC staff/contractors are working with Menominee Tribe on their plans to make changes to their system of HCB waiver service delivery and oversight.

sensitive long-term care services and supports for tribal members, consistent with the LTC sustainability initiatives discussed in Tribal consultation meetings during the spring of 2013. b. DLTC will work with tribes to apply for the Tribal Money Follows the Person grant. Final guidance was published in July, 2013 and DHS scheduled meetings with the Tribal LTC Study Committee. The grant would provide additional funding to tribes to enhance tribal infrastructure to relocate tribal members from institutional to community settings and would provide an opportunity to Tribes to identify the specific needs to accomplish this goal in tribal communities. c. DHS/DLTC will collaborate with tribes to identify other areas of interest to tribes regarding LTC services and funding.			b. DLTC staff met with tribal representatives on the LTC Study Committee in March, August and September, primarily to discuss the application for the MFP Tribal Initiative. An application for MFP Tribal Initiative funding is under review in DHS and will be submitted by the October 17, 2013 due date. c. DHS staff, including DLTC staff, have attended individual tribal meetings on LTC issues and will continue to participate in meetings with Tribes as requested. The Integrated Employment Initiatives Team in OFCE will collaborate with the Vocational Rehabilitation for Native Americans (VRNA) programs to promote employment outcomes for this population. VRNA is a federally funded program that provides vocational support to eligible Native Americans with disabilities in Wisconsin. **PROMISE Grant:** The 5 year PROMISE (Promoting Readiness of Minors in Supplemental Security

			Income) grant begins Oct. 1, 2013 and will improve employment and financial outcomes for children 14-16 receiving Supplement Security Income (SSI) and their families. This grant will support connections with the various schools serving American Indian children between 14-16 years old, and with the children's families and tribes, in order to offer them the opportunity to enroll in the program. State participants in this grant include this department, the Department of Public Instruction and the Department of Workforce Development.
2. DHS has received a no-cost extension of this grant and will work with GLITC's Tribal Technical Assistance Center to expand access to this program to other Tribes. DHS/DLTC will work with Tribes to expand to three additional Tribes the Chronic Disease Self-Management Program (CDSMP), an evidence-based prevention program for people with chronic diseases such as diabetes, heart conditions, etc. through the following steps: a. Work with partners in evidence-based prevention program coordinating committee to develop and disseminate the Stanford University Evidence-Based Prevention Program	Ongoing	Anne Hvizdak Lynn Gall	Anne Hvizdak, Statewide Coordinator EBPP worked with Sarah Quale, GLITC Older Americans Act Consultant to recruit participants for Lay Leader training. 9 lay leaders joined the existing 3 leaders within 7 tribes statewide. Tribal Lay leaders will partner with existing Lay leaders in their respective counties to offer workshops. The Lac Du Flambeau tribe hosted

Healthy Living with Diabetes (Diabetes Self-Management Program) to Oneida tribe. b. Include sessions on diversity and recruiting participants in underserved populations, including the tribes, at the Wisconsin Institute for Health Aging/DHS-sponsored Healthy Aging Summit. c. Work with WIHA on process improvement projects in rural communities that include Indian tribes to expand programs to improve tribal member participation in evidence-based prevention programs. d. Partner with WIHA and other aging network partners to expand *Powerful Tools for Caregiving* throughout Wisconsin, with a special focus on tribes.			leader training in March and a participant workshop a month later. Lay leaders at Lac du Flambeau worked with the Peter Christensen Health Care Center's Certified Diabetes Educator to recruit patients for workshop. Master Trainer from Oneida assisted other Statewide Master Trainers in one of the statewide New Manual Refresher Trainings held in February 2013. Oneida tribal members participated in the Leader Trainings in the Diabetes Self-Management Program in September 2013. One plenary session and one workshop session were devoted to diversity and serving underserved populations at the August 15-16, 2013 Healthy Aging Summit. Anne Hvizdak, Statewide Coordinator and WIHA staff serves as Leader Coaches for several rural counties that have significant tribal populations (e.g., Jackson, Bayfield, Oneida, and Sawyer). Anne Hvizdak substituted for Tina Popsychala, Living Well Master Trainer, Oneida Nation and Sarah

			Quale, GLITC, in their presentation for the Title VI Indian Health Service Tribal Assistance Webinar.
3. DHS/DLTC and tribal governments will collaborate in funding their choice of ADRC options. All tribes, except Oneida and Menominee, have made their choice of which ADRC option to pursue. Contracts have been issued to those that have selected an option and staff is being hired. DLTC will continue to provide technical assistance and support for ADRC contracts and ADRC tribal specialists and will assist tribes that wish to pursue these options in the future.	Ongoing	Janice Smith	Nine tribes have made their choice of which ADRC option to pursue and are performing ADRC or Tribal specialist functions. Oneida has recently submitted intent to apply notice for the Tribal Specialist option. DLTC staff has been providing TA when requested by the Tribe while Tribe is preparing their application. Menominee has not yet indicated interest.

MEDICAID

Issue 1: Identification of Tribal Members

The Department will continue to work with interested tribes in increasing the identification of tribal members in Medical Assistance, as well as looking at reimbursement for services provided to American Indians/Alaska Natives by tribal clinics.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. The Department will reimburse tribal expenses for administrative costs associated with efforts to increase tribal member identification in Medical Assistance (i.e. expenses directly related to processing system changes and personnel involved in the identification of tribal members for the purpose of Medical Assistance funding - including expenses related to claims system enhancements that assist in the identification of tribal members). The Department will continue to work with tribes on a	December 31, 2013.	Debbie Waite, Deputy Bureau Director, Bureau of Enrollment, Policy and Systems	DHCAA's accounting staff provided information to tribes inquiring about availability of reimbursement for administrative costs. To date, no tribe has submitted a reimbursement request. We continue to communicate to tribes this option remains open for tribes to pursue. DHCAA is also working on: Data Exchange—Conversations

process for retroactively reimbursing these expenses as well as defining a solution for reimbursement of these costs going forward.			continue with tribes around opportunities to structure workable data exchange mechanisms on tribal membership Tribal Affirmation Process—DHCAA implemented a process in January 2013 for tribal health clinic staff to certify Tribal Affiliation for tribal members into the CARES eligibility and Interface systems. Input into this process was obtained through multiple discussions with tribal health directors, health clinic managers and IM directors. The Affirmation of Tribal Affiliation form can be found on the DHS website at http://www.dhs.wisconsin.gov/forms/F0/f00685.pdf.

Data exchange

Issue 2: Adoption and Meaningful Use of Electronic Health Records (EHRs) in tribal health clinics and participation in health information exchange (HIE) (continued from previous plan).

To achieve statewide adoption and Meaningful Use of EHRs, Tribal Health Clinics need to be included in the state health information technology (HIT) and HIE planning and implementation activities. Eligible Professionals practicing in Tribal Clinics that Meaningfully use a certified EHR system can receive Medicaid EHR incentive payments beginning in January 2011.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS will collaborate with Indian Health Services and Tribal Health Centers to provide assistance to help Eligible Professionals at Tribal Health Centers participate in the Medicaid EHR Incentive Program.	March 31, 2014	Debbie Waite, Deputy Bureau Director, Bureau of Enrollment, Policy and	1. DHS developed a Tribal Health Clinic dashboard to better track Program participation. 2. DHS sent letters to each Tribal Health Director on October 5,

• The deadline to submit a Program Year 2013 application is March 31, 2014.		Systems	2012, providing a summary of where the tribe is in the process of participating in the Medicaid EHR Incentive Program and offering technical assistance. 3. DHS scheduled conference calls with Tribal Health Directors in March 2013 to discuss participation plans for Program Year 2013. 4. DHS has provided ongoing support (conference calls, emails, WebEx meetings) for Tribal Health Clinics as they prepare to participate in Program Year 2013.

Issue 3: Maximizing allowable covered benefits and improving service delivery.
The state and tribes understand delivering the right amount and most appropriate health care benefit to a tribal member in the most effective manner can lead to improved health outcomes. The state and tribes will work in partnership on ways to strengthen benefits and service delivery models in culturally effective, patient centered ways that will lead to a better quality of life for tribal members.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. To ensure tribal members are receiving the most appropriate benefits currently covered under the Wisconsin Medicaid Program in the most effective way, tribes, in partnership with the state, reviewed current allowable Medicaid benefits and understand which benefits are being provided by each tribe. At the Tribal Health Directors meeting June 27, 2012, reviewed a MA benefits template compiled by the state. The Department will explore options with the tribes and CMS for improved benefits and service delivery.	May 31, 2014	Debbie Waite, Deputy Bureau Director, Bureau of Enrollment, Policy and Systems	1) Maximizing MA Covered Benefits - MA benefits comparison chart was reviewed at tribal health directors meeting on June 27, 2012. -Gap analysis on MA benefits was discussed with tribal health directors, tribal IM directors, billing staff and LTC staff on August 15, 2012. Five major areas of interest for future project work were identified with a number of smaller educational or clarification issues noted for follow-ups.

			-At a meeting on September 19, 2012, tribal health directors reviewed the five project work initiatives and identified home health/personal care/long term care as their initial work group priority. DHCAA will be assessing the needs of individual tribes in this area and forming a work group to include DLTC staff to address related issues: the organizational structure of the service provider agency, provider/caregiver licensing, waiver model vs. Family Care; payment under Family Care; administrative cost/complexity of billing for services. -DHCAA developed a personal care agency guidebook and a home health agency guidebook based on materials from the Division of Quality Assurance (DQA)in order to help provide tribes with information to use when considering the options for personal care and home health service provision. -DHS staff have had conversations with the Menominee Tribe and the Oneida Tribe on exploring personal care and home health service provision. Broader regional conversations on these topics will be scheduled in partnership with staff from DLTC. DHS staff also

			plan on participating in additional follow-up with any tribes interested in exploring these topics further. 2) Non-emergency medical transportation— In early 2013 DHCAA invited tribally appointed representative to an ad hoc committee aimed at exploring tribal Non-Emergency Medical Transportation needs and developing recommendations to improve the current transportation status. Teleconferences were held in early 2013 involving DHS staff and the tribal representatives. Tribal representatives identified 3 options they would like to explore further: a) Tribes contract NEMT services through FQHCs and bill Medicaid for the services. b) Tribes contract with the vendor to provide NEMT services and bill through the vendor. c) Restoring the old NEMT allocations to the tribes. Another outcome from these teleconferences is the development of a list of tribal contacts to help facilitate ongoing conversation around NEMT.

			DHS selected a new NEMT vendor, MTM, Inc. MTM, Inc used the tribal contact list to arrange meetings between the state NEMT vendor and the individual tribes. Tribal Affairs and Area Administration participated in the meetings. Ho-Chunk Nation and Red Cliff Tribe have requested MTM's assistance to set up local voluntary driver pools. DHS staff also met with the Tribal Health Directors to discuss the possibility of offering NEMT services through the FQHCs. 3) Structuring MA Services and Billing tribal resource document - General clarification on covered services and reimbursement strategies—DHS is working on a resource to clarify basic terminology, concepts and processes related to tribal Medicaid services and reimbursement. This document is currently being finalized. 4) Targeted Case Management—DHS staff are working on identifying options for policy and systemic changes to allow tribal providers to receive 100% of the Medicaid rate for the delivery of

			TCM and other non-GPR funded Medicaid services. DHS sent out questionnaires to tribal agencies to track current TCM services being provided along with identifying TCM services that tribes would like to provide in the future. 5) ACA Implementation—To help prepare for the changes to health care programs due to the Affordable Care Act (ACA) DHS staff have provided policy trainings to Tribal IM Agency staff, including a training at Lac du Flambeau that was only open to the Tribal IM Agencies. DHS staff have also participated in conversations with the tribes on tribal plans for using the ACA implementation funding to address the anticipated workload increase.

PUBLIC HEALTH

Issue 1: Voluntary Accreditation of Tribal Community/Public Health Programs (continued from previous plan).
In 2011 the national Public Health Accreditation Board (PHAB) in collaboration with the National Indian Health Board (NIHB) began accepting applications for voluntary accreditation for state, local and Tribal health departments. The goal of public health accreditation is to "protect and improve Americans' health by advancing the quality and performance of all of the nation's health departments - state, local, territorial and tribal." The standards and measures for this accreditation are set for the 10 essential services of public health as well as administrative management and governance. Because of the close operating relationship between clinic services and community health in Wisconsin's Tribal Health Departments there is potential synergism between clinical accreditation

through Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC) and PHAB's public health accreditation processes. An accreditation workgroup has formed which includes staff from Native American communities, Division of Public Health, and the Institute for Wisconsin's Health, Inc.			
Deliverable	**Due Date**	**Party/ies Responsible**	**Status of Deliverable**
1. The workgroup will continue to coordinate and maintain a community of practice for those working towards accreditation to learn with, and from, each other. a. Identify implications of the public health accreditation process for Wisconsin tribes. b. Explore overlap between public health and clinical accreditation in areas such as human resources, financial management, governing entity orientation and information sharing. c. Expand knowledge among Tribal health department leaders of the benefits to communities of accreditation as well as the PHAB standards and measures.	5/2014 and ongoing	Angela Nimsgern, Regional Director, Rhinelander, Northern Region	Workgroup participation continues to expand. In May staff from Stockbridge-Munsee joined the Tribal Public Health Accreditation Forum. Others who have participated include representatives from the Oneida, Forest County Potawatomi, Ho Chunk, and Lac du Flambeau health centers, the Institute for Wisconsin's Health, Inc., and DPH Regional Offices. Others are welcomed. The recent forum in November, 2013 included discussion of the documents and documentation required for accreditation, and how the essential public health services are delivered in the Tribal setting. Future forums are planned.